

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		/				
4	/					
5	/					
6	/	/				
7	/	/				
8	/	/				
9		/				
10		/				
11		/				
12	/	/				
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20		4				
21		5				
22		5				
23	/	/				
24	/	/				
25	/					
26		/				
27	/	/				
28	/	/				
29	/					
30	/					
31	/					
32	/					
33	/					
34		/				
35		/				
36		/				
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45		0				
46		0				
47		0				
48		0				
49		0				
50	/					
TOTAL IND.	41					
TOTAL DEP.	38					
TOTAL CLAIMS	79					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52	/					
53	/					
54		/				
55		/				
56	/	/				
57	/					
58	/					
59	/					
60	/	2				
61	/					
62	/					
63	/					
64	/					
65		/				
66		/				
67	/	/				
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						